

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 14-20808		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - 00 NOT MARK ABOVE				LOCAL FILE NO. 14-20808	
REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED 2		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS <input type="checkbox"/> OVER \$150 <input checked="" type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED						
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY LEBANON		DATE OF CRASH: 12 8 14		DAY Monday		TIME: MILITARY 1537			
CRASH OCCURRED ON 867 Columbus Ave						WITHIN THE INTERSECTION OF							
IF NOT IN INTERSECTION						(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)						CITY CODE 8321	
LOG-1		LOG-2		LOC JUR FH9 FILT									
A	UNIT NO. 1	NO OF OCCUPANTS 1		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT							
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Lambert, Jesse Randall				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 7778 Schradin Road Okeana, Oh 45053									
PHONE NO. 513-509-3915		BIRTH DATE m y		AGE M		SEX M		SOCIAL SECURITY NO.		STATE OH			
OWNER (IF SAME AS DRIVER, WRITE SAME) Kroner Services Towing				ADDRESS 5789 Day Road, Cinti, Oh 45252				PHONE 513-907-7077					
VEH YR 2012	MAKE Dodge	MODEL Truck		COLOR White	STYLE TK	STATE OH	LICENSE PLATE NO. PHN5042		TOWING SERVICE		VEH/PED DIR FROM TO		
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE			
8	UNIT NO. 2	NO OF OCCUPANTS 0		OPERATING <input type="checkbox"/> PARKED <input checked="" type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON-CONTACT <input type="checkbox"/>		INSURANCE CO. OR AGENT							
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Patton, W Bryan				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 4683 Bunnell Hill Road, Lebanon, OH 45036									
PHONE NO.		BIRTHDATE m D y		AGE		SEX		SOCIAL SECURITY NO.		STATE OH			
OWNER (IF SAME AS DRIVER, WRITE SAME) Patton, W Bryan				ADDRESS 4683 Bunnell Hill Road, Lebanon, OH 45036				PHONE					
VEH YR 2000	MAKE Chevy	MODEL TK		COLOR Blue	STYLE TK	STATE Oh	LICENSE PLATE NO. Z543812		TOWING SERVICE		VEH/PED DIR FROM TO		
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input checked="" type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE			
C	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE m D y		AGE		SEX		POSITION A B C D E F			
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE m D y		AGE		SEX		INJURIES A B C D E F			
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE m D y		AGE		SEX		CONDITION A B C D E F			
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE m D y		AGE		SEX		RESTRAINTS A B C D E F			
A B C		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A B C D E F		1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 5 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED			
D E F		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A B C D E F		1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE			
A B C		OFFENSE CHARGED AND DESCRIPTION		A B C D E F		A B C D E F		A B C D E F		1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN			
D E F		OFFENSE CHARGED AND DESCRIPTION		A B C D E F		A B C D E F		A B C D E F		1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG			
RECEIVED CALL 1537		DISPATCHED 1538		ARRIVED 1544		CLEARED 1554		OTHER TIME		TOTAL MINUTES 0010			
DATE REPORT FILED 12 8 14		PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		OFFICER'S NAME S. DRACE		BADGE NO. 118		CHECKED BY					